MIDTERM EVALUATION

For the period of November 1994 - August 1996

FINAL REPORT

CHILD SURVIVAL ACTIVITIES IN HAITI

INTEGRATION OF SUSTAINABLE CHILD SURVIVAL INTERVENTIONS INTO THE MISSION OF CRUDEM, A PRIVATE SECTOR ORGANIZATION, IN THE DEPARTMENT OF THE NORTH, HAITI

(Cooperative Agreement FAO-0500-A-00-4047-00)

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INTRODUCTION

This is the mid-term evaluation report of Project HOPE's Integration of Sustainable Child Survival Interventions into the Mission of CRUDEM, a Private Sector Organization, Department of the North, Haiti, project. The project is partially funded by the United States Agency for International Development (USAID) through a cooperative agreement for a three-year period: October 1, 1994 to September 30, 1997.

This evaluation was conducted by Dr. Rosalia Rodriguez-Garcia, the independent evaluator, and Dr. Bettina Schwethelm, Director of Maternal and Child Health Programs at Project HOPE; and with HOPE's field staff headed by Ms. Annie Thelusmond and Ms. Angelina Laine; and two members of the target community. The evaluation was conducted over a period of several weeks and included review of documents and data, consultation with HOPE headquarters and field staff, visits to HOPE Center, and site visits. The on-site component of the evaluation took place from July 21 to August 1, 1996.

The purpose of the evaluation was to **"assess the effectiveness and the sustainability of Project HOPE's child survival activities in Haiti."** The evaluation was planned following the "scope of work" provided by Project HOPE (See Appendix 1) and the "mid-term evaluation guidelines for CS-X projects" of USAID (See Appendix 2).

ACKNOWLEDGMENTS

The out-of-country evaluators gratefully acknowledge the cooperation of field staff who made themselves available for numerous and lengthy discussions as well as the invaluable contribution made by the community representatives and by the auxiliaries, health promoters, traditional birth attendants and mothers whom we had the opportunity to interview and observe as they perform their duties. The evaluation team appreciates the availability of Ms. Lynn Gorton of the USAID Mission and of Dr. Jean Myrtho Julien Director of the Northern Department of Health for substantive discussions about the project and the evaluation. Finally, the warm hospitality of Ms. Annie Thelusmond is greatly appreciated.

I. EXECUTIVE SUMMARY

The project **Integration of Sustainable Child Survival Interventions into the Mission of CRUDEM, a Private Sector Organization, Department of the North, Haiti** was officially initiated in October 1994 pursuant to a cooperative agreement between Project HOPE and USAID. Although the political situation in Haiti prevented the speedy start-up of the project, all project staff were hired by January of 1995 and a 6-month temporary agreement was issued by the Ministry of Health in August 1995 at which time project activities were fully initiated. The final agreement was signed by the Ministry of Planning and External Affairs in March 1996. Despite these initial difficulties the project is remarkably well organized and well advanced on field activities. The loss of the original project coordinator, while slowing down field activities initially, has become an asset to the project given that this individual is now the Regional Director for the Northern Department of Health and continues to support the project.

The project goal is to "reduce morbidity and mortality in children under six and women of fertility age in three target communities: Milot (pop. 25,000), Quartier Morin (pop. 18,000), and Limonade (pop. 38,000). The project is providing much needed educational, preventative, curative, and referral services to a population that would otherwise be lacking these basic maternal and child health (MCH) services. The services provided by this project are the only organized MCH services available to the target population. The findings of the mid-term evaluation indicate that the project is on the road to meeting project goals and expectations for decreasing maternal and child mortality and morbidity. This is mostly due to four factors: the goal of the project is realistic; the implementation design and interventions are appropriate; the project contributes to the **Ministry** of Health's (MOH) objectives for the region; and the staff, volunteers, participating mothers, and the community at large all expressed great commitment to the **success of** the project. The accomplishments to date testify to the enormous effort made by the project both in headquarters and in the field to overcome the initial difficulties **and** put the project back on track. These include:

- **1 12 Traditional** Birth Attendants (TBAs) have been trained, 37 have been certified and are effectively involved in maternal education, risk assessment and referrals,

- 40 health promoters have been trained and are active in the three communities where 47 mothers clubs have been established,

- 13,773 women have been reached and educated about MCH,

- 25 auxiliaries have been trained and provide frequent supervision to health

promoters and TBAs,

- 8 health committees provide the necessary liaison between the project and the communities,

- 659 health rally posts have provided nutritional education and oral rehydratation salts, Vitamin A, immunizations, family planning and maternal education and referrals,

- 7,269 homes have been visited by project personnel and health promoters.

There are several lessons that can be drown at this point in the project which are relevant to other child survival initiatives. These include:

- The project has established a successful model of community participation and empowerment that makes the community engaged partners in the promotion of child survival activities.

- The project has established a sound packet of services that combines mothers clubs for MCH and nutrition education; health rally posts for immunization, nutrition monitoring, referrals and other preventive services; TBAs training for mother care and referrals; backstop curative services; and home visits to improve maternal and child health. These activities build- on and complement each other in an effective and efficient way to achieve the project's objectives.

While the accomplishments are significant --especially if one considers that there has been only about twelve months of field activities-- there remain some important challenges. These include strengthening all interventions in Limonade, continuing to ensure the stock of supplies, strengthening family planning and STDs/AIDS interventions, shaping the income-generating component, and servicing the more rural population, especially those living in the mountains. The road conditions and the lack of adequate transportation is likely to make home visits, supervision, and the organization of health rally posts and mother clubs more difficult. Still the considerable gains made thus far, the effective and supportive relationship the project has with the Ministry of Health of Cap Haitian (MOH) and the communities, the preparation and commitment of the staff, and the plans to strengthen the data management, education methodologies and supervisory systems are conducive to a strong second half of the project and the achievement of project objectives.

The total cost of the Midterm Evaluation has been US$12,650. This amount includes planning, field visits, and the preparation of reports. While the report reflects the findings and conclusions reached by the evaluation team in the whole, preparing the final report is the responsibility of the external evaluator.

II. EVALUATION TEAM AND METHODOLOGY

The evaluation team consisted of nine individuals: seven in Haiti and two out-of-country. These were the project's country director, coordinator, statistician and two nurse supervisors, one member of a health committee in Milot and one from Quartier Morin, the Director of MCH at Project HOPE headquarters, and the external evaluator (See Appendix 3). The project's field accountant and secretary provided needed logistical support. The objective was to make the mid-term evaluation a participatory exercise that would benefit from everyone's experience and insights.

The methodology used for the evaluation consisted of 1) review of written materials such as project related documentation, annual and other reports, staff and trip reports, curricula and others: 2) briefings with Project HOPE staff in Millwood and in the field; 3) meetings with the Ministry of Health of the Northern Region in Haiti and the USAID mission in Port-au-Prince; 4) review of accounting system and quantitative data on project activities; 5) interviews of project services providers and beneficiaries; 6) home visits to health promoters and TBAs; and 7) observation of mothers clubs, health rally posts, education, and supervisory activities both clinic and community-based. The questionnaires were translated into Creole before the interviews took place. All interviews were done in Creole.

For the community visits the evaluation team divided itself into three subgroups. Each subgroup visited all the three catchment areas of Milot, Quartier Morin and Limonade (See Appendix 4). The groups met for lunch during these days to share experiences and check on progress. To assure consistency in the collection of data, four questionnaires were developed. One for project managers and nurse supervisors (See Appendix 5), one for auxiliaries (See Appendix 6), one for health promoters and TBAs (See Appendix 7), and one for mothers (See Appendix 8). Probing was done as appropriate to ensure that the evaluation team obtained the information needed for critical analysis. In all meetings and interviews the evaluation team asked the respondents whether they had anything they wanted to say to the team. This was intended to allow the nationals to ask any questions or add any information they deemed relevant.

III. PROJECT BACKGROUND, ACCOMPLISHMENTS, EFFECTIVENESS AND RELEVANCE TO DEVELOPMENT

A. Project Backaround

Project HOPE's child survival activities in Haiti started in the northern region of Haiti on October 1, 1994 under cooperative agreement FAO-0500-A-00-4047-00 with the Child Survival and Health Office of Private and Voluntary Cooperation in the USAID Bureau for Humanitarian Response. The main purpose of this agreement is to **"reduce under-six and maternal mortality and morbidity in the rural areas surrounding** Milot, **Northern Haiti, in a sustainable way through a partnership with the Center for Rural Development of Milot (CRUDEM), a private sector health and development organization."** The objectives of the project as stated in the proposal are to:

provide regular information for monitoring and evaluation of project inputs, outputs and effects for program management,
develop and increase community resources,
increase coverage of children and women of fertile age,
increase case/nutritional management of children < 2 with diarrhea,
improve maternal care and Family Planning (FP) practices,
improve nutrition practices (breastfeeding and weaning),
improve Vitamin A knowledge and practices,
improve practices to prevent HIV and STDs, and
sustain activities.

These objectives are very relevant to a country that has the highest infant (89/l 000), child **(137/l 000) and maternal** (430 per 100,000) mortality rates of any country in the Americas, a GNP of only USS370.00 per year, **and** where the unemployment rate is said to reach 80 percent. Generalized lack of medical supplies and essential drugs such as vaccinations, vitamin A, scales, contraceptives, oral rehydration salts (ORS), disinfectant and the like, despite a MOH that strives to address these problems, means that the project is providing services that may not otherwise be **available to the majority of** the **population in the target** region. There are 93,388 potential beneficiaries. The total cost per beneficiary is USS 9.10 or USS 3.03 per beneficiary per year. The total budget for the three-year project is of US $ 932,454 divided as follows: USAID contribution, 678,728 and PVO contribution, 253,726. Project goals and objectives, as per the DIP, are included in Appendix 22.

Despite an official starting date of October 1994, the project was unable to initiate activities until after the return of President Aristide in November 1994, when agreements between the Government of Haiti and foreign groups could be signed, as reported in the annual project report of October 1995. Then, Project HOPE moved

forward and by January 1995 all project staff had been hired. In March 1995, the project coordinator accepted a senior position with the Ministry of Health and is now the Regional Director of the Ministry of Health for Northern Haiti. This, actually, has been a positive development for the project as the close connection to the MOH facilitates the implementation of activities, adds credibility to the project and should contribute to the sustainability of child survival services. By the summer of 1995 another qualified coordinator was hired.

Field activities were initiated in August 1995 pursuant to a temporary 6-month agreement with the Ministry of Health. A final agreement was signed on March 1996. At the time of the mid-term evaluation the project was in its 21 month but only its 12 month of implementation. Considering the late start and the difficulties of working in a country that is trying to rebuild operational systems, it is impressive to see how much the project has been able to accomplished in a relatively short period of time.

B. Accomplishments

There are important cross-cutting accomplishments that deserve to be noted:

- The project has gained the confidence of community leaders and the population at large. This has been observed during the evaluation. The personnel from staff to promoters, to TBAs and the mothers, all seem to go the extra mile to disseminate information about child survival and increase women's participation in the programs.

- The project, mostly because of the efforts of the country director, has been successful in obtaining in-kind contributions from other agencies such as UNICEF, PAHO, and the MOH. Thanks to these efforts the TBAs receive upon graduation well equipped delivery kits; there are also bags ("valise") for promoters as well as vaccines, vitamins, contraceptives, scales, and other essential supplies. No small accomplishment considering the scarcity of resources in Haiti. During the evaluation the team observed these materials being used properly.

- The project has established an important network for the promotion of maternal and child health care that links MOH staff and facilities with the community through undertakings such as the establishment of community health committees, rally posts and mothers clubs that have the added benefit of fostering community participation and self-determination.

- The collaboration of a PVO with a private sector organization seems to be

working well in Haiti, and it is very positive development that a recognized institution with strong ties to the community houses the project. This has no doubt facilitated the "entry" of the project into the communities and can potentially help the sustainability of activities.

Other project accomplishments and outputs as well as recommendations are presented below by intervention. A summary of quantitative results thus far is presented in Appendix 9.

1. **Diarrhea1 disease control** (20%)

The objective in this area is to "promote appropriate case/nutritional management of diarrhea1 episodes in children under two years of age (7,600 per year). " There are five major strategies to meet this objective: educate mothers to recognize the danger signs of dehydration and the use of ORS, create community oral rehydration units (CORUs), promote breastfeeding, promote early treatment of dehydration with ORS, and promote extra meals for children during post diarrhea recovery.

Mothers' education is done primarily by health promoters in the mothers clubs. Educational messages --developed from UNICEF's Facts of Life--are reinforced by auxiliaries in the health rally posts and in the clinics and by promoters and auxiliaries during home visits. The interviews and observations made during the evaluation indicate that the educational messages are appropriate and the strategy sound. However, there is a need for variety in how the messages are delivered so that messages can be repeated --as it is necessary-- while still keeping mothers interested. This would also facilitate the internalization of the messages and the desired behavioral change. (This remark applies to the delivery of all messages in all interventions.)

Oral rehydration salts are distributed usually free of charge or at a very low cost in the rally posts, clinics, CORUs as well as during home visits. Interviews of mothers showed that mothers know the signs of dehydration, when and how to use ORS and where to obtain the packets, and how to prepare home available fluids. Mothers also understand the importance of exclusive breastfeeding and do breastfeed. Cases of diarrhea are treated at rally posts or in the dispensaries.

The outputs for this intervention thus far include the creation of 88 community oral rehydration units with trained volunteers and the distribution of 7,989 ORS packets **as** follows:

	Milot	Q.M.	Limonade	Total
♦ Cases of diarrhea among children O-2 ` months:	1,114	1,130	293	2537
♦ Cases treated with ORS at home	438	429	222	1089
♦ Cases treated in dispensaries or by promoters	611	441	183	1235
♦ ORS packets sold	1969	1252	429	3650
♦ ORS packets given	1512	2206	621	4339

Overall, this intervention seems to be well organized and able to reach the mothers with education and ORS packets. Limonade is the least performing community for all interventions. This is due primarily to the fact that there have been only 2 auxiliaries and 4 promoters to implement child survival activities in a community of 38,000. Although TBAs have been very active, their role is limited. The number of packets distributed, overall, fell short of the 10,000 projected for year #1 and the 25,000 projected for year #2. It is not clear at this time whether the lower demand is because of a decrease in dehydration episodes or lack of supplies. Therefore, it is recommended **that;**

- project staff conduct a rapid survey of CORUs, health rally posts, and promoters to ascertain that supplies have been available when requested and, if not, plan accordingly; and make sure that mothers know where they can obtain ORS.

2. Immunization (20%)

The objective of this component of the project is to "promote immunization of children under one year of age with BCG, OPV, DPT, and measles (target: 7,600) and immunization of women of fertile age (WFA) with TT (target: 18,400)." Immunizations have been a priority of the MOH for some time, but periods of vaccine shortage and difficulties with the cold chain had resulted in inadequate and overall low coverage. In this project, immunizations are done primarily in the health rally posts by the MOH auxiliaries and health guides, as the evaluation team observed. However, health promoters and TBAs play an important role encouraging mothers to get vaccinations for themselves and their children and assist the auxiliaries in the screening of children and recording of immunizations, etc. Much of the information is given at the rally posts, at the mothers clubs, during home visits, and throughout the

community by use of megaphones. Vaccinations, as well as weight and other pertinent information, are recorded on the “road to health” chart and vaccination card which are kept by the mother. These charts are provided by the MOH.

At the dispensaries, the MOH provides the refrigerators while the coolers are provided for by the project. The coolers were donated by UNICEF. The cold chain seems to work well. However, one of the refrigerators in one of the dispensaries does not cool well and by the end of the day some portable coolers are warmer than they should be. The field staff has brought this problem to the attention of the MOH director who has promised to send a repair person to check the refrigerator. The evaluation team commends the project field staff for the monitoring of potential problems such as the one mentioned above. Problem identification is an essential quality control mechanism.

The outputs of this component of the project include 6522 women who have participated in health education talks on the importance of immunization. In addition:

	Milot	Q.M.	Limonade	Total
♦ Women vaccinated with TT2 during their pregnancy	673	511	64	1248
♦ WFA vaccinated with TT2	1220	933	257	2407
♦ Children O-23 months vaccinated with:				
BCG	1033	964	367	2364
Measles	1001	720	246	1967
DTP1	1855	1565	379	3799
DTP3	1128	1128	167	2426
Polio 1	1770	1408	322	3500
Polio 3	1156	1091	202	2449

The outputs above reflect the effort the project has made in this component. As depicted above, between 46 and 90 percent of the final project targets have been achieved in about 12 months of activities. However, the immunization coverage in Limonade is extremely low for the reasons that have already been mentioned.

3. Nutrition (20%)

The objective here is to "educate mothers' groups about the nutritional needs of the healthy, ill and recovering infant and child and their own needs during pregnancy and breastfeeding, promote timely initiation of breastfeeding and appropriate weaning practices, and provide AK-l 000 rations to malnourished children."

The number of children reached for nutrition control and weighing was 1 1,461 (49 percent of target). Of these, 5,702 (50%) were identified as malnourished, as follows:

	Milot	Q.M.	Limonade	Total
♦ Children O-23 months weighed	5056	5486	910	11,461
♦ Children O-23 months malnourished	2394	3229	159	5,782

There have been 377 health education talks on nutrition with 3961 women participating. Nutrition education is done primarily by health promoters in the mothers clubs and is reinforced at health rally posts and during home visits. Children with a severe case of malnutrition living in the vicinity of Milot are referred to the Center de Nutrition at CRUDEM where they spend the day and received AK-l 000.

Children are weighed at the rally posts by the promoters and the weight recorded on the "Road to Health" charts. Because scales have only been available recently, children's weights have not been recorded from past visits, as a review of charts during the evaluation demonstrated. This has made it more difficult to monitor children's growth during the past year. In addition, there is not yet a good system in place for the follow-up of children with nutritional problems or those who are borderline. The providers expect mothers to come back to the rally posts and/or dispensaries for check-ups. However, this system places the burden on the mother alone. If something happens to the mother and she is not able to go for services, there is no mechanism at this time that would permit the health promoter and/or auxiliary to seek out the mother and the child. Therefore, it is recommended that:

- the project devise a simple mechanism such as a tally with names and addresses of children and/or mothers with nutritional problems for follow-up. This tally would be kept by the auxiliary and the promoter and checked when mothers visit the health rally posts or the dispensaries. During monitoring meetings, the auxiliaries and promoters can check their lists and those mothers who have not shown up for nutritional checking, can be visited at home.

4. Maternal care and Family Planing (20%)

The project aims to "promote prenatal care and natural family planning through the training of TBAs in safe delivery practices and diagnosis and referral of women at risk" (Targets: WFA, 18,400; men, 17,800). This intervention includes prenatal check-ups and education of mothers about prenatal care, appropriate nutrition for pregnant and lactating mothers and immunization with tetanus toxoid. There have been 262 talks on maternal health, 536 on breastfeeding and 558 on family planing with a participation of 2,394; 5,227 and 4,101 women respectively. In addition, 273 women reported to have exclusively breastfed their infant, 254 are using natural family planning (NFP) and 2,l 17 visited the pre-natal (1 ,346) and post-natal (672) clinics. There is no information on men, although it could be assumed that most NFP users would be couples. Women's knowledge about maternal and child health is for the most part impressive as the evaluation team was able to gauge from interviews and observation of health education sessions.

The project has made significant inroads in the community. During interviews with mothers and home visits to mothers and TBAs, the evaluation team was impressed by the sense of self-value and self-realization expressed by and observed in these groups. The project seems to be acting as a catalyst in establishing a productive relationship between the MOH and the TBAs and enhancing their understanding and respect for each other's work. This is the type of corollary project outcome that is likely to contribute to the continuation of maternal and child survival efforts after the project is completed.

The project includes natural family planning but not modern methods. These methods, however, are available at the MOH dispensaries where women are referred for those services. The natural family planning component is implemented by the Milot project staff who keep data on participating couples. However, none of the women interviewed during the evaluation were using a family planning method and most of them did not know about family planning. Of course the number of women interviewed was small, still this is such an important component of maternal health that it should received more attention than it is apparently getting. Therefore, it recommended that:

- child spacing information be reinforced in health education sessions at mothers clubs and during home visits, and that it becomes an standard question at rally posts along with questions about nutrition and vaccinations,

- the support of community health committees be sought to encourage men and the community at large to become active in promoting the benefits of child spacing for mother, child and family and the use of child spacing methods,

- the family planning component be strengthen in the training of auxiliaries, TBAs and health promoters,

- data be collected on the number of men reached by family planning education.

5. STDs and AIDS prevention (10%)

The objective of this component is "to educate men and women of fertile age to use safe sex (targets, WFA, 18,400; men, 17,800)". There have been 156 educational sessions on STDs and 215 on AIDS with a participation of 1407 and 1384 individuals respectively. There are no desegregated data for men and women. Most people interviewed were aware of AIDS although they recognized they did not know what "it" was. This activity represents a small portion of the entire project despite the deadly consequences of the disease for men, women and children. Therefore, it is recommended that:

- educational sessions particularly for men and for adolescents be organized perhaps under the auspices of the community health committees,

- data be collected on the number of men reached by this educational activity.

6. Vitamin A (10%)

The objective of this component is threefold to "provide vitamin A capsules during immunization activities and at postpartum, educate mothers about the use of foods rich in vitamin A, and train mothers in mango drying techniques". By June 1996 there were 1610 mothers receiving vitamin A capsules and 6360 capsules had been distributed to children age 6-72 months as follows:

	Milot	Q.M.	Limonade	Total
♦ Vitamin A distribution to children 6-72 months	2673	2348	1339	7425
♦ Postpartum mothers receiving vitamin A	900	353	357	1610

Vitamin A capsules are distributed by TBAs after delivery and by auxiliaries at the health rally posts and at the dispensaries. This activity is done in collaboration with PROVAX, Haiti's Vitamin A umbrella organization. It is worth noting that the

project is making very efficient use of the resources already available in the region and by so doing is maximizing the resources provided by Project HOPE and USAID. This also has the added benefit of establishing contacts and supply networks that will be invaluable for the continuation of child survival activities.

One objective of mothers clubs is to teach mothers about the use of foods rich in vitamin A in the diets of children 6-72 months old. The evaluation team had the opportunity to check the knowledge of mothers in this area and it appeared more than adequate. However, practice can not be assumed based on knowledge alone, It IS necessary to show mothers how to prepare these foods and give them the opportunity to prepare such foods by themselves. Therefore, it is recommended that:

- mothers clubs include demonstration sessions as part of their activities with the added benefit of inserting some variety into the clubs.

Mango drying is an interesting idea in the northern region of Haiti because mango is readily available and the population like it and eat it when fresh. In addition drying mango as well as other fruits rich in vitamins and minerals can enhance family nutrition. It can also be a source of income for women. Many women with children do not have partners or have partners with no jobs and are dependent on family members and odd jobs for their living. There has already been a 5-day workshop organized by the project with a Save the Children consultant in early July 1996 to teach mothers the technique of mango drying (See Appendix 10). This activity has created great interest among the mothers who participated. It has also created great expectations --perhaps more than is warranted-- as to the potential for income generation of this activity in the short term. This is an important activity in this project for its potential improvement of both nutrition and income. However, it is also important that women do not engage in this activity with unrealistic expectations, therefore, it is recommended that:

- a thorough plan be developed for the mango drying initiative that would include conducting market research to assess the marketability and price of the product, establishing a small demonstration project in one or two communities involving a group of mothers, and assessing the results before the initiative is generalized and all drying machines are bought.

C. Effectiveness

There has been sufficient progress at this point to warrant optimism as to the potential for the project to meet most stated objectives, especially if activities in Limonade begin to grow substantially in the next quarter. In fact the achievements thus far are quite remarkable. The targeted high risk groups are by and large being

reached effectively. The major challenge for the staff in the second half of the project will be to bring activities in Limonade up to speed and to reach those populations living in the mountains and more remote areas. The organization and announcement of health rally posts, as well as home monitoring and supervisory visits, will be handicapped by the lack of adequate means of transportation. During the rainy season this problem will be even more acute. The staff is aware of this problem and is looking at different possible alternatives.

D. Relevance to Development

The child survival project is housed at CRUDEM. This is a private sector institution of long standing in the community that has worked for the development of the region of Milot for many years in various sectors. The project has a very positive relationship with the Ministry of Health of the Northern Region. The project strengthens and maximizes Ministry of Health resources and also emphasizes that the MOH is a vital partner for the implementation of the project. It is hoped that as the MOH gets additional resources from the MOH through the new bilateral health project of the USAID Mission, there will be more inputs made to the child survival project. The regional Director of Health indicated to the evaluation team his intent to contribute more personnel and other resources to the project as his own resources increase.

The project has a particularly helpful relationships with UNICEF and PAHO/WHO which, as previously mentioned, provide much needed kits, supplies and materials. The project collaborated with Save the Children in a workshop on mango drying and is considering technical assistance from PAHO for the development of a plan for mango drying activities. With ADRA, the project plans to collaborate on child nutrition, primarily to prepare the AK-I 000. Based on what the evaluation team was able to observe, the field staff has a very positive working relationships with all NGOs/PVOs working in the region. These contacts are very fruitful for the project as it has been already discussed.

Because the promoters receive a small stipend, the project provides a certain number of jobs in the three target communities, which for such an economically depressed **area** can make a big difference, plus there is potential for income generating activities through mango drying. But more importantly, the project through its use of volunteers, such as promoters, TBAs and members of health committees, and the many community-based activities it organizes is injecting much needed energy for local development. Notwithstanding the above remarks, this is only a three-year project, and although its relevance to development is strong, it impact may be limited if the activities are not extended. Therefore, it is recommended that:

- Project HOPE seek to extend the project for an additional three years.

IV. EVALUATION FINDINGS

A. Design and Implementation

There have been no changes in the project area or size since the preparation of the Detailed Implementation Plan (DIP) when the objectives were changed slightly compared to the proposal to reflect the results of the baseline survey (KAP). These changes resulted in decreased coverage levels for some interventions so that the objectives would be more realistic given the low levels of coverage shown in the survey.

The project is managed by a competent director and activities are coordinated by an experienced nurse coordinator. The field management team also includes two qualified nurse supervisors, one accountant, one statistician, one secretary and one driver (See Appendix 1 1). All are nationals with a good knowledge of the area and well trained for the jobs they hold. In addition there are 25 auxiliaries, MOH staff who are trained by the project and who provide supervision to 40 health promoters and 1 12 TBAs. All individuals have been trained by the project. The evaluation team sees as positive that these individuals feel very much **a part** of the project and that they do not seem to have territorial issues among them.

One issue to consider is whether, as they are requesting, promoters who are health agents should have in their kits supplies to provide first aid. This may be useful when they conduct their home visits. However, there may be implications which have not been examined yet. The project may consider looking into this possibility as it could prove to be useful and cost effective, especially in more remote areas where the population has less access to health care services.

The design **and approach** of this project is sound and the intervention-mix proposed is appropriate for the project area. The choice of interventions was made with the MOH and CRUDEM and addresses the principal causes of mortality and morbidity in children and mothers. However, the health care needs of this population are many, the awareness about STDs and AIDS seems low and the fertility rate remains very high. Therefore, it is recommended that;

- the project strengthen the family planning intervention by being more forceful in the promotion of family planning use, including recruiting more couples for natural family planning and referring couples who want modern methods to the dispensaries and following these referrals up. This i-nformation should be included in **the health information system as it would be relevant** when **assessing** the **effects of the project.**

- the participation of men be encouraged more forcefully. This is important for the family planning as well as the STDs/AIDS intervention. If the project were to be extended, it would be advisable to increase the importance of these two interventions and to design strategies for reaching men and adolescents and involving them more in the project. Condom distribution should be considered in a project extension. The community health committees could be particularly helpful in the implementation of these activities.

The project has pursued an implementation strategy that emphasizes the establishment of a community-based network for the provision of health education and services. One of the most outstanding features of the project is the effort it makes to reach out to the population. Community-based educational and preventive health services, home visits, the creation of health committees and the use of health promoters and TBAs all combine to develop an efficient local network for child survival. Most activities thus far have been implemented in the more urbanized areas of the target communities, primarily in Milot and Quartier Morin. The challenge will be to maintain the same level of activities in Limonade as in the other two communities and to reach the more rural areas. Therefore, it is recommended that

- a plan be implemented immediately to increase and strengthen activities in Limonade,

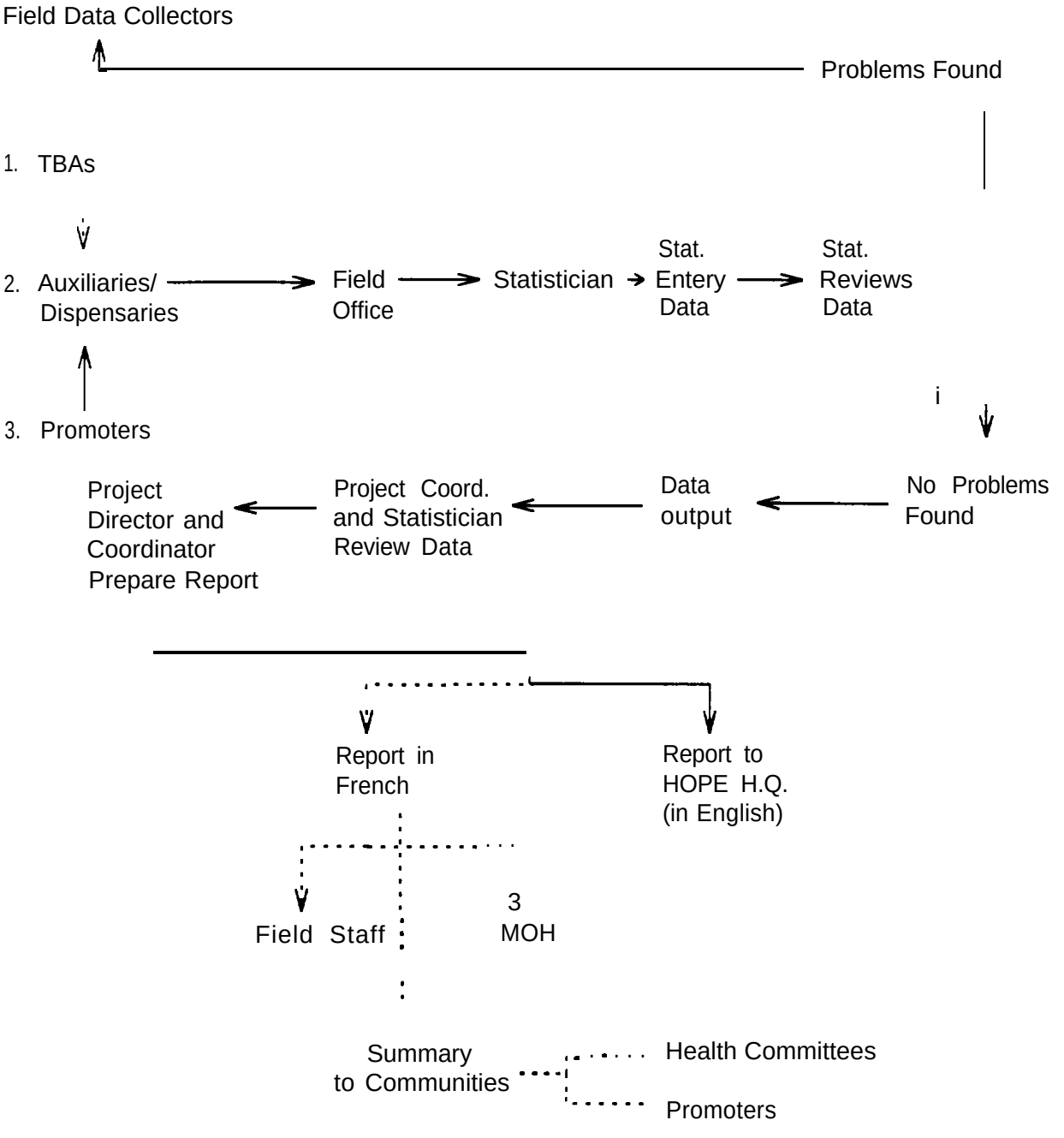
- a realistic strategy be developed to overcome specifically the barriers to efficiently reach the more remote groups in the target communities.

The location of this project in the three communities of Milot, Limonade and Quartier Morin are amply justified. This is the only cohesive child survival program in the region. Even though the project is limited in scope and duration, it has the potential for making a lasting impact in the community and improving the human development potential of many children and women. The target groups identified for this project are appropriate and reflect the distribution of the population of the area of Milot (25,000), Quartier Morin (18,000) and Limonade (38,000).

B. Management and Use of Data

The system of communication between TBAs, health promoters, households and dispensaries is efficient. The project has a functioning health information system and a good information network. (Figure 1 depicts the data collection and use pathway.) The health information system handbook developed by HOPE is very detailed and provides needed information on the indicators and variables of the project. The project complements MOH data collection forms with other forms that collect data on new areas (See Appendix 12).

Figure 1: Data Pathway



All data collectors know how to read and write, at least in Creole, except for TBAs. A form is being used now for the TBAs that uses drawings to depict 11 activities. Of these 11 drawings, 6 are unclear even for the educated health worker (See Appendix 13). TBAs are actually using the form just to record with a “x” or an "0" the number of deliveries, dead infants, dead mothers and referrals made. Accuracy of data is essential and should include data collection forms that are easy to use and appropriate for the educational level of the health worker. Therefore, it is recommended that:

- the data collection form for TBAs be simplified to collect the information that is most relevant. Such a form should be thoroughly tested with TBAs. Forms used by TBAs in other countries to collect the same type of data could be used as a starting draft.

A good baseline survey was completed at the beginning of the project and has been used in the planning process throughout. Data have been collected systematically by all levels of personnel. While most of the pieces are in place for an effective information system, the system is not yet being maximally utilized at all levels. For instance, the household census which is conducted by health promoters has not been used for follow-up, and quantitative data are not fully used for monitoring, problem solving, supervision or training. As previously mentioned, there is no mechanism in place to track down cases of malnutritlon or incomplete immunization coverage for specific children. In addition, progress reports are not always accessible to the nurse supervisors, MOH auxiliaries, other members of the project management team, or the community. This is because most of these reports are in English and the staff does not speak English. It would be useful for the senior staff to have some knowledge of English, however this is a long-term possibility. Because it is important for project performance, staff team work and the community to participate fully in the project, it is recommended that:

- The progress reports including the quantitative data be written in French first so that all senior staff can contribute their experience and insights. Furthermore, it will be advantageous to share a summary of the progress reports with the Ministry of Health. A one page project performance highlights should be shared also with appropriate project staff and the health committees.

It is also important that quantitative reports are carefully reviewed for purposes of quality control. The evaluation team feels that the statistician as well as the four senior staff would benefit for training and/or technical assistance in this area. Therefore, it is recommended that:

- HOPE provides for the training of field staff on how to apply quality control mechanisms to data collection and data entry, how to analyze and report the data, and how to use the data to monitor project performance.

Health providers conduct a community household census prior to starting educational activities. This census is an important source of information. Therefore, it is recommended that:

- the project improves the use of household census information for client follow-up and project monitoring.

C. Community Education and Social Promotion

Project activities are predominantly based in the community focusing on health education and preventative health services (See Appendices 14 and 15). All educational messages were developed and expanded from UNICEF's "Facts of Life". The project assures that the messages are consistent by making the same messages part of the training of health promoters, auxiliaries and TBAs, and by direct observation during supervisory visits. The health promoters keep a notebook with all messages during health education activities. Refresher courses **and** periodic supervisory meetings held at the dispensaries provide another opportunity for messages review.

The project's approach to health education relies heavily on lectures by promoters followed by questions/answers time at mothers clubs, and one-to-one counseling at health rally post, dispensaries and homes. The knowledge of mothers interviewed during the evaluation is adequate. Women remembered the messages well, and they said that they apply what they have learned at the mothers clubs in the houses with their families. However, memorization is not the same as internalization of messages, the latter being needed for behavioral change.

Another very positive approach is the awarding of certificates to the mothers that have attended all planned educational sessions. This seems to be a motivating force and is a way the project can assure that all topics have been covered with a specific number of women. This is an effective approach because it gives the women an objective to achieve rather than just educating those mothers that show up to the meetings.

Community activities are a strength of the project, social mobilization is not. That is, health promoters are effective in reaching and educating the population but they lack the skills to engage the population in fully practicing the health behaviors the project is promoting. Therefore, it is recommended that:

- health promoters are trained on the use of participatory techniques and community mobilization skills,

- the project use visual aids and demonstrations to make the education sessions, particularly in the mothers clubs, more participatory,

- the project diversifies how messages are delivered.

Interviews with project personnel, health committee members and women indicated a tremendous amount of appreciation and support for the project. Villagers were involved with the selection of health promoters and TBAs as well as members of health committees. Committees are an important mechanism for continuing community support, and the project is encouraged to use these committees to their full potential.

D. Human Resources. Training. Evaluation and Materials

There are nine individuals paid by the project (seven full time and two part time). In addition, there are 25 MOH auxiliaries who receive a small supplement to their MOH salaries. Volunteers include 40 health promoters, who receive a small stipend (13 of these are also health agents), 120 TBAs, 103 community members of 8 health committees, 68 persons who volunteered to house a ORS distribution post (CORUs) and the many women who participate in the mothers clubs (See selected outputs in Appendix 16).

Mothers clubs are a very successful component of this project. Not only are they providing much needed maternal and child health care education but also they foster the sharing of resources among women. As the women indicated to the evaluation team, the clubs have helped them build friendships and support groups outside the clubs.

Some mothers clubs have experienced a substantial drop-out rate. Most of the time the reasons given for "non-participation" or "absenteeism" are logistical rather than substantive. Mothers themselves identified the following reasons for their non-participation: 1) they are busy; 2) the scheduling of meetings is not convenient; and 3) they expected to receive gifts such as food. Because mothers participation in the mothers clubs for health education is an important mechanism for reaching project targets, it is recommended that:

- the project conducts a rapid assessment of this problem and the reasons behind it and implement mechanisms to address the problem,

- the project considers establishing a elan to involve mothers who graduate from the clubs in recruiting new mothers. A raffle of a food basket could be considered as a motivation for recruitment.

Drop-out among auxiliaries, promoters and TBAs has not occurred. Some problems did arise with a few auxiliaries who complained about the workload, but project staff solved this issue through discussions with the MOH. The auxiliaries asked the evaluation team for an increase in salaries, as did the project's nurse supervisors.

The number and types of personnel are, for the most part, adequate to meet the technical needs of the project. However, the monitoring and supervision needs of the project are not fully met in Limonade because the MOH dispensary is under-staffed. With a population of 38,000, this is the largest of the three target communities. However, there are only two auxiliaries to supervise promoters and TBAs and to provide services in the dispensaries and health rally posts. The evaluation team concurs with the project staff that one additional auxiliary is badly needed in this community. In meetings with the MOH, the Director of the Ministry of Health indicated that he will assign another auxiliary to Limonade as soon as he is able. It was apparent, however, that in the short run the project may need to find a solution to this problem. This may involve hiring one of the MOH auxiliaries who are unemployed at the moment. To find a suitable solution to this problem is important as it could significantly affect the performance of the project. This community might also need more promoters, and special attention by project management.

Overall, the duration and topics of **training** have been appropriate to project goals and activities, the levels and background of personnel, and their tasks in the project. All basic training has been completed for auxiliaries and TBAs and the last group of promoters had received their training and were conducting the community surveys at the time of the evaluation. (See summary of training programs in Appendix 17.) At the end of the training promoters and TBAs receive a kit with appropriate supplies for their different roles, as has been mentioned.

A review of curricula, discussions with personnel and volunteers and observation of activities indicate that the training has been well planned and conducted. Direct observation of training during the evaluation did show the need to use a more participatory approach. Pre and post-tests show that participants have indeed learned (See Appendix 18). It was also evident that trainers could benefit greatly from leaning how to use participatory techniques both in the classroom and for supervisory meetings, As recommended for promoters, this group should also be trained in these techniques. Also to assure the retention of learning and the consistency and accuracy of messages delivered by the different levels of personnel overtime, it is recommended that:

- project staff devise a mechanism to evaluate learning well after the training has been completed. This may include structured performance observation as well as a written post-test about 6 months after the training. Short refresher seminars are also advisable for years 2 and 3 of the project.

By and large, the communication skills of health workers appears adequate to the socio-cultural context of Haiti and local expectations of provider-recipient relationships. However, this type of communication does not always elicit the level of client participation that in all cultures has proven to be effective and appropriate in the education of adults whether in the classroom or in the community. The difference between providing information or providing counseling is for the most part lost in most health workers. As previously mentioned, additional training in adult education techniques would be highly beneficial.

To ensure the quality of project activities, the staff has taken several actions. Project staff identified the basic knowledge and skills required of different health workers at the beginning of the project by conducting needs assessments with all levels of personnel. During training, pre and post tests were applied to assess learning. Performance of auxiliaries, promoters and TBAs as well as mothers' knowledge was later evaluated by observation and interviews during supervisory visits. There is no system at the management level of the project to evaluate HOPE field staff performance. Yet, when evaluation is seen as an opportunity for dialogue and for providing constructive feed-back, it is a very useful mechanism for effective human resource management. Therefore, it is recommended that:

- the project establishes a mechanism for field staff evaluations according to the criteria and approach used by Project HOPE for its employees.

Overall, the type and amount of **supplies** for local staff seems adequate. The kits provided by UNICEF for promoters and TBAs are adequate and well stocked. Restocking is done periodically at the dispensaries. The dispensaries are stocked by the MOH and the project with supplies such as vitamins, vaccines, ORS packets provided by PAHO and UNICEF. There are, however, no audio-visual materials and very few reference materials for the staff. Along with participatory training skills, audio-visuals will help maintain the interest of the population in educational activities and reinforce educational messages. Therefore, jt is recommended that:

- an effort is made to obtain audio-visual materials in French that can be adapted to the Haitian population,

- the project establishes a system to insure a continual stock of supplies.

The project staff is housed in two rooms provided by CRUDEM. The site is

appropriate, but the two small rooms do not provide enough space for six individuals, one computer, one photocopy machine and the files. Furthermore, accounting and other operations of the project require some privacy. Therefore, it is recommendea that:

- HOPE discuss with CRUDEM the possibility of assigning additional space to the project.

As indicated, the project has one computer, however, there has been an increasing demand for computer time. In addition to world processing, the computer is increasingly needed for project data entry and management, financial data and accounting. The result is that some staff members feel they have to wait until after office hours to work. This presents obvious challenges for staff supervision and the meeting of deadlines. One computer is no longer enough to maintain the office working efficiently. Therefore, it is recommended that;

- the project considers the purchase of another computer. It may be more useful for the project to have a lap computer that take less physical space, can be used in any office, and can be used for a limited amount of time without electricity.

Some types of equipment are essential for project implementation. At present the project has one car. The use of the car is been well monitored, yet, there are unavoidable competing needs for the car that undermines the ability of the staff to conduct supervisory visits. The increase in project activities which is to be expected in the next 15 months, the implementation of activities in more rural areas, and the local road conditions is likely to render this situation even more acute. Therefore, it is recommended **that:**

- the project considers realistic ways to address this issue, whether it is to purchase another car, or some motorcycles that can be used by nurse supervisors and promoters.

Because of the political situation of the country, as well as the road conditions which are hard on cars and makes driving dangerous, the field staff is concerned about their going to remote areas without a means for contacting the office to ask for help if needed. The staff has asked for radios. This is a reasonable concern that should be addressed by the HOPE staff. Additional reasonable demands for supplies include an apron for TBAs and basic fist-aid supplies for promoters. Because health promoters are often the only health personnel that visit the communities, it is recommended that;

- the project consider training the health promoters in first-aid.

E. Supervision and Monitoring

The project director is responsible for the overall management of the project. The coordinator has responsibility for monitoring all technical aspects of the project. Supervision of community activity is the primary responsibility of the two nurse supervisors. There are monthly plans for their activities (See Appendix 19). These nurses supervise the auxiliaries while the auxiliaries supervise the health promoters and the TBAs. This supervision has always been the responsibility of the auxiliaries who are the main providers of health care education and services of the MOH. Auxiliaries are supervised by nurses who work at the MOH office in Cap Haitian (about 30-45 minutes drive from the target communities).

Although the project uses health promoters, **a** similar type of personnel, the "health agent" existed in the MOH. A few years ago the MOH closed the school that trained health agents and stopped employing them because of budgetary reasons. However, the project has made the right decision to search out those health agents in the target areas that were unemployed and train them as health promoters. Health agents represent one third of the promoters thus far. The project benefits from the substantial practical experience that the health agents have, such as giving vaccinations and basic care (e.g. some rally posts are conducted by health agents and promoters without **auxiliary** nurses).

Supervision takes the form of site visits as well as group meetings. Auxiliaries are supervised at the dispensary and at the rally posts by nurse supervisors. The auxiliaries supervise the promoters at the rally posts and mothers clubs and the TBAs at their homes. Monthly meetings are organized by the nurse supervisors and/or auxiliaries for each category of personnel. The duration and frequency of supervisory visits is adequate. The ratios vary among communities (See Appendix 20).

The level of supervision of each type of personnel appears adequate. Based on the interviews conducted by the evaluation team there seems to be substantial personal contact between supervisors and supervisee, but it would appear that these meetings are not fully used for problem-solving. Although it is felt that communication occurs, there does not seems to be enough probing to facilitate the identification of problems. Yet, this is one of the most important roles of supervision. Because of the need to **maximize the time** expend in these visits, it is recommended that:

- the two nurse superiors and the auxiliaries are trained in supervisory and problem solving skills. This would include how to use probing as a supervisory technique,

- a supervisory check-list be developed that would facilitate accurate understanding of situations, foster effective supervision, and provide some consistency to this activity.

F. Headauarters Support and PVO's Use of Technical Support

The level and type of support provided by the PVO's headquarter staff seems adequate and appropriate as to the number, timing and length of field visits, how to conduct a KAP survey and issues of accounting and data gathering. The project, with support from HOPE Center, has established a financial management system that allows the monitoring of monthly expenditures against the annual budget prepared at headquarters, as per the DIP. The system is well managed at the field level, as has already been noted.

The project, also with HOPE Center support, has established a health information system for the continuing monitoring of project outputs. A very detailed handbook prepared by HOPE Center is available in the field. Additional technical assistance particularly regarding how to control the quality of data would be most useful in the field.

HOPE field staff feels that the technical support received by headquarters has been very good. However, they feel a need for additional training,. perhaps outside the country, particularly for the nurse supervisors. Thus far the only staff who has benefitted from outside training has been the project coordinator who has participated in a child survival/family planning workshop in Senegal and a quality assurance workshop at headquarters.

On-site training and technical assistance were related primarily to survey development, data collection, health information system, financial system, program planning and curriculum review. Mango drying training took place in May 1996 for 37 women from the three communities. As previously mentioned, the evaluation team foresee future needs for technical assistance and/or training in the areas of data interpretation, use of data for monitoring, community mobilization skills, participatory adult training skills and mango drying and marketing.

There is a constant and fluid communication between the project and the technical staff at HOPE Center. The technical assistance received by the field has been appropriate and of quality. The relationship between the field staff and headquarter staff appears very supportive. Communication is enhanced by the fact that at HOPE Center the technical officer for this project speaks Creole, while the field director and coordinator speak English. However, the latter, as indicated by field staff is a double edged sword because it can at times create a sense of isolation on the part

of those staff members who do not speak English. This is particularly evident in written communications and progress reports that exist only in English. No doubt the staff could benefit from some English lessons. In the interim, it is important that the staff, as a team, contribute to the reports and use them for monitoring progress. Also it is important to share reports with the MOH, which is not done at present because reports are not available in French.

G. Counteroart RelationshiD and PVO/NGO Networking

The relationship of the project with counterparts as well as with other agencies in Haiti is impressive. The chief counterparts of this projects are CRUDEM and the Ministry of Health through the Ministry of Health of Cap Haitian. The project is housed in CRUDEM in Milot. The administrator of CRUDEM is the director of the project. The project benefits from the infrastructure and managerial processes already in place at CRUDEM and from a very capable administrator. CRUDEM provides field offices, furniture, electricity and access to the guest house. They also provide the staff that implements the natural family planning component of the project. CRUDEM hospital and nutrition center are referral sites.

The MOH provides the 25 auxiliaries and 13 health agents who work as promoters, and access to the dispensaries and MOH resources there. The relationship between the project and the MOH is excellent with briefing meetings being scheduled regularly. This is in great part due to the fact that the director of the MOH is the former coordinator of the project and continues to support it. The level of tangible contribution that the MOH provides now and in the future will depend on political and budgetary decisions by-and-large made in Port-au-Prince.

There are relatively few PVOs working in this particular area of Haiti and the project is providing much needed services. There is no duplication of effort whatsoever. The project maintains good relations with those PVOs present in the area such as ADRA who has a nutrition center and "L'Enfants du Monde" who provides infrastructure support to the dispensaries. As previously mentioned, Save the Children provided the training on mango drying. The project is planing to request technical assistance from PAHO and UNICEF both of which support a mango drying program.

H. Referral Relationships

For most components of the project, the main referral site is the "Centre Medical de Sante de Milot" operated by CRUDEM. This center is well stocked. It is staffed with one full-time MD resident for in-patient care, two MDs for outpatient care, and part-time surgeon for operations. Expatriate specialists are available periodically for

several-week periods. The quality of services appear adequate. For obstetrical problems, the referral site is the Justienne Hospital in Cap Haitian.

The CRUDEM Medical Center in Milot also serves as the meeting site for weekly supervisory meetings with TBAs and other personnel. The project is strengthening this referral site in several ways through human resource development, establishment of supervisory, follow-up and quality control orocedures, and supplies obtained from international agencies in Haiti.

I. Budaet Manaaement

The overall expenditures of the project by May 31, 1996 is of USS 330,225. The level of expenditures is adequate for the level of activity. The amount remaining for local transportation may allow for additional expenses to improve the travel capability of the staff. The amounts available for equipment and supplies may allow for the purchasing of an additional computer, and audio-visual materials. Nevertheless, a detailed budget review should be conducted by HOPE Headquarters and field staff to assure that funds are available at the level required for the remainder of the project and to assess the possibility that may exist within the approved budget for additional expenditures in the areas discussed in this report. A country project pipeline analysis is included in Appendix 21 .)

J. Sustainabilitv

Notwithstanding the value and importance of assuring the sustainability of child survival programs, a discussion of sustainability for this project ought to take into consideration three **major factors:** the short length of the project--3 years, the dismal economic situation of Haiti; and its still **weak** political and policy-making apparatus. With this as a backdrop, the sustainability strategy of the project is sound and the potential for meeting sustainability objectives high.

The sustainability goals of this project as stated in the DIP are:

CRUDEM will become a major implementor of child survival (CS) activities in the region and will institutionalize these activities into the organization,

the MOH will acknowledge CRUDEM as a significant partner in the achievement of their mutual CS goals,

local MOH staff will increase participation in the training and supervision of TBAs and health agents over the life of the project,

CRUDEM and local MOH staff will meet quarterly to discuss project activities, identify barriers and develop solutions jointly,

Project HOPE and CRUDEM will identify at least two additional internal or external sources of funding for CS activities,

at least a quarter of all mothers groups will be involved in preserving mangos and other produce for the non-harvest season,

at least 5 mothers groups will organize into production groups and market dried mangos, and,

distribution systems, not dependent on project staff, will be functioning and providing consistent supplies of Vitamin A, TBAs kits, and vaccines to the target communities.

These objectives reflect the three major dimensions of sustainability: attitudinal (willingness to confront sustainability issues), institutional (manpower, skills, processes, infrastructure), and financial. Of these 8 objectives, the first 5 are being addressed already. The last three need to be included in the plan for the mango drying initiative.

To the extent that auxiliaries and health agents remain employed by the MOH, they will continue to provide child survival services. The training received by these personnel and the experience gained during the three years of the project is likely to make them more effective in their work and better able to sustain child survival activities.

The salary supplement that these individuals now receive will no longer be there, and it is likely that this may decrease their motivation. However, child survival is a priority for the MOH and hopefully the project will have created sufficient demand for these services in the community to assure a continuing flow of services. Also, it is to be hoped that the MOH will actually be able to approve a salary increase for all personnel as the Regional Director indicated to the evaluation team. The weakest area for the continuation of services may actually not be the level of salaries but the availability of supplies and equipment for child survival services such as vaccines, vitamins, a working cold chain or transportation.

The training of staff and women; the development of supervisory, monitoring, financial and data management systems; the establishment of health committees; and the existence of a functioning referral and supplies procurement networks have made significant inroads toward assuring the institutional sustainability of the project. Discussions have already begun with CRUDEM and with the MOH regarding the

resources needed versus those available for the continuation of project activities.

There is ample evidence from the project to suggest that progress is being made towards the overall sustainability of project activities. Nevertheless, there are two areas that deserve particular attention:

- The performance of the project in the community of Limonade lags behind that of Milot and Quartier Morin. Some of the reasons are that Limonade has fewer auxiliaries, fewer promoters and larger population than the other two communities. These problems need to be overcome and activities monitored very closely to ensure that Limonade's performance increases as needed.

- The mango drying initiative needs to be planned very carefully to ensure not only that women learn how to dry mango but, most importantly, that there is a market for this product and that mothers groups will be able to access these markets and to use reliable distribution systems.

The overall assessment of the evaluation team regarding the sustainability potential of this project at the mid-point is good. However, another four years may be needed before sustainability may be attained.

V. CONCLUSIONS AND RECOMMENDATIONS

The overall conclusion of this mid-point evaluation is four-fold and speaks to the strength of the project: the project has produced very positive results in just one year of activities, the community has been involved effectively and is responding with increasing support and participation, the personnel is well trained and committed, and mothers are being empowered with information and services that improve their health and social condition, and that of their children. While moving forward to meet project objectives, the staff and counterparts have developed a sound model for the delivery of child survival education and services that is solidly grounded in the community and, therefore, more likely to achieve lasting results. (The number in parentheses refers to the page were the recommendation was made.)

The recommendations listed below are those which have been presented earlier in the different sections.

- project staff conduct a rapid survey of CORUs, health rally posts, and promoters to ascertain that supplies have been available when requested and if not plan accordingly; and make sure that mothers know where they can obtain ORS. (11)

- the project devise a simple mechanism such as a tally with names and addresses of children and/or mothers with nutritional problems for follow-up. This tally would be kept by the auxiliary and the promoter and checked when mothers visit the health rally posts or the dispensaries. During monitoring meetings, the auxiliaries and promoters can check their lists and those mothers who have not shown up for nutritional checking, can be visited at home. (1 3)

- child spacing information be reinforced in health education sessions at mothers clubs and during home visits, and that it becomes an standard question at rally posts along with questions about nutrition and vaccinations, (14)

- the support of community health committees be sought to encourage men and the community at large to become active in promoting the benefits of child spacing for mother, child and family and the use of child spacing methods, (14)

- the family planning component be strengthen in the training of auxiliaries, TBAs and health promoters, (15)

- data be collected on the number of men reached by family planning education. (15)

- educational sessions particularly for men and for adolescents be organized perhaps under the auspices of the community health committees, (15)

- data be collected on the number of men reached by this educational activity. (15)

- mothers clubs include demonstration sessions as part of their activities with the added benefit of inserting some variety into the clubs. (16)

- a thorough plan be developed for the mango drying initiative that would include conducting market research to assess the marketability and price of the product, establishing a small demonstration project in one or two communities involving a group of mothers, and assessing the results before the initiative is generalized and all drying machines are bought. (16)

- the project strengthen the family planning intervention by being more forceful in the promotion of family planning use, including recruiting more couples for natural family planning and referring couples who want modern methods to the dispensaries and following these referrals up. This information should be included in the health information system as it would be relevant when assessing the effects of the project. (18)

- the participation of men be encouraged more forcefully. This is important for the family planning as well as the STDs/AIDS intervention. Were the project be extended, it would be advisable to increase the importance of these two interventions and to design strategies for reaching men and adolescents and involving them more in the project. Condom distribution should be considered in an extended intervention. The community health committees could be particularly helpful in the implementation of these activities. (19)

- a plan be implemented immediately to increase and strengthen activities in Limonade. (19)

- a realistic strategy be developed to overcome specifically the barriers to efficiently reach the more remote groups in the target communities. (1 9)

- the data collection form for TBAs be simplified to collect the information that is most relevant. Such a form should be thoroughly tested with TBAs. Forms used by TBAs in other countries to collect the same type of data could be used as an starting draft. (21)

- The progress reports including the quantitative data be written in French first so that all senior staff can contribute their experience and insights. Furthermore, it will be advantageous to share a summary of the progress reports with the Ministry of Health. A one page project performance highlights should be shared also with appropriate project staff and the health committees. (22)

- HOPE provides for the training of field staff on how to apply quality control mechanisms to data collection and data entry, how to analyze and report the data, and how to use the data to monitor project performance. (22)

- the project improves the use of household census information for client follow-up and project monitoring. (22)

- health promoters are trained on the use of participatory techniques and community mobilization skills. (23)

- the project use visual aids and demonstrations to make the education sessions, particularly in the mothers clubs, more participatory. (23)

- the project diversifies how messages are delivered. (23)

- the project conducts a rapid assessment of this problem and the reasons behind it and implement mechanisms to address the problem. (23)

- the project considers establishing a plan to involve mothers who graduate from mothers clubs in recruiting new mothers. A raffle of a food basket could be considered as a motivation for recruitment. (24)

- project staff devise a mechanism to evaluate learning well after the training has been completed. This may include structured performance observation as well as a written post-test about 6 months after the training. Short refresher seminars are also advisable for years 2 and 3 of the project. (25)

- the project establishes a mechanism for field staff evaluations according to the criteria and approach used by Project HOPE for its employees. (25)

- an effort is made to obtain audio-visual materials in French that can be adapted to the Haitian population. (25)

- the project establishes a system to insure a continual stock of supplies. (25)

- HOPE discusses with CRUDEM the possibility of assigning additional space to the project. (26)

- the project considers the purchase of another computer. It may be more useful for the project to have a lap computer that take less physical space, can be used in any office, and can be used for a limited amount of time without electricity. (26)

- the project considers realistic ways to address this issue, whether it is to purchase another car, or some motorcycles that can be used by nurse supervisors and promoters. (26)

- the project consider training the health promoters in first-aid. (26)

- the two nurse superiors and the auxiliaries are trained in supervisory and problem solving skills. This would include how to use probing as a supervisory technique. (27)

- a supervisory check-list be developed that would facilitate accurate understanding of situations, foster effective supervision, and provide some consistency to this activity. (28)

VI. HOPE's Response to Recommendations

- **Conduct a rapid survey of CORUs, health rally posts, and promoters to ascertain if supplies have been available when requested and, If not, plan accordingly. Make sure that mothers know where they can obtain ORS.**

A rapid assessment of CORUs, rally posts and health promoters will be conducted in the Winter of 1996 to determine barriers to access to ORS. Their findings will be shared with MOH personnel and broken down into structural, logistical, personnel, economic, and educational issues. A plan to overcome these barriers will be developed and implemented in partnership with the MOH.

- **Devise a simple mechanism, such as a tally sheet including the names and locations of children and/or mothers with nutritional problems, for follow-up.** This **information would be kept by the auxiliary and the heatth promoter and checked when mothers vislt the heatth rally post or dispensaries. During monitoring meetings, the auxilliares and promoters can check their lists and those mothers who have not shown up for nutritional checking can be visiied at home.**

A tracking document, as is suggested above, will be developed in the Fall of 1996 in partnership with the health promoters and auxilliares. It will become part of the record kept at the dispensary on each child that has been immunized and women that have received pre-natal care. The auxilliares and health promoters will work together to prioritize home visits for those women and children that have not returned for nutritional monitoring. It is possible, during a project extension, that such a tracking document could be expanded to include monitoring of follow-up visits to the dispensaries for contraceptives and immunization.

- **Child-spacing Information should be reinforced In health education sessions at mothers clubs and during home visits. It should become a standard question at rally posts along with questions about nutrition and vaccination.**

Family planning is a delicate issue with our program partner. As a Catholic organization, they feel very strongly that their staff, and individuals associated with their organization, should only promote natural family planning methods. However, MOH personnel strongly support the use of modem methods. Therefore, project personnel will work with MOH personnel to schedule special mother's club and health committee meetings in which MOH personnel will make detailed, focused presentations on modern methods of family planning and issues of child spacing. In addition, health promoters will be instructed to ask specifically about family planning needs during home visits, rally posts, mothers clubs and other events. If interest is expressed, individuals will be instructed to contact MOH personnel for additional information on modern methods of family planning. Project

personnel will proactively reach out to those expressing interest in natural methods. A record will be kept of those individuals, and health promoters will follow-up to make sure that they received the information that they requested.

- **Solicit the support of community health committees to encourage men and the community at large to become active in promoting the benefits of child spacing for the mother, children and family and the use of child spacing methods.**

This support will be solicited as part of the educational sessions mentioned above. The project will explore the possibility of working with "father clubs" sponsored by community health committees. While less structured than mothers clubs and, because of limited resources, only loosely tied with the project, these groups would receive the same educational sessions as mothers clubs but tailored towards the perspective of men. Heavy emphasis would be placed on issues related to HIV/AIDS, family planning, maternal care, and other areas in which men's cooperation and leadership is needed.

- **Strengthen the family planning component in the training of auxilliares, TBAs and health promoters.**

During in-service training of these personnel, greater emphasis will be placed on issues of child spacing. However, due to our partner's position on this issue, project sponsored training beyond MOH requirements is not possible. We will, however, contact other NGOs in Haiti that specialize in family planning training and invite them to provide a training for auxilliares, TBAs and health promoters in the project target area.

- **Collect information on the number of men educated about family planning.**

Data collection tools will be revised in the Fall of 1996 to disaggregate men and women receiving family planning information.

- **Educational sessions targeting men and adolescents be organized perhaps under the auspices of the community health committees.**

See response to previous family planning recommendations

- **Collect information on the number of men reached through community health education sponsored sessions.**

Data collection tools will be revised in the Fall of 1996 to disaggregate men and women participating in educational sessions.

- **Mothers clubs include Vitamin A demonstration sessions as part of their activities with the added benefit of Insetting some variety into the clubs.**

Health promoters will identify mothers within communities that successfully include sources of Vitamin A in their childrens' diets. These women will be asked to "host" a mothers' club meeting and demonstrate the various methods that they use and how they have overcome barriers. They will also be asked to mentor mothers struggling with this issue, The project will explore the possibility of giving them a special achievement certificate and incentive item in recognition of their leadership in behavior change.

- **A thorough plan be developed for the mango drying initiative that would include conducting market research to assess the marketability and price of the product establishing a small demonstration project in one or two communities involving a group of mothers, and assessing the results before the initiative is generalized and all drying machines are bought,**

The project has been approached by a PAHO technical specialist who has offered their services in support of the mango drying effort. Unfortunately, current funding will expire immediately following the next mango season, preventing the project from acting on market research in the area of commercial distribution of dried mangos and other fruit high in Vitamin A. The development of detailed marketing plan, and the provision of training in small business skills, will be a priority activity if CSXIII is received. In the meantime, a cadre of mothers will be trained to teach other women how to dry mango for home use and to develop local demand in preparation for commercial distribution.

- **Strengthen the family planning intervention by being more forceful in the promotion of family planning use, including recruiting more couples for natural family planning and referring couples who want modem methods to the dispensaries and following these referrals up. Thb information should be Included In the health information system as It would be relevant when assessing the effects of the project**

The family planning component will be strengthened through the tracking, by health promoters, of men and women that have requested information on both modern and natural methods of family planning to make sure that they have received assistance; the facilitation of in-depth educational sessions, conducted by MOH personnel, for mothers clubs, health committees and, perhaps, "fathers clubs"; identifying sources of additional training for auxilliares, health promoters and TBAs in modem methods of family planning; and the identification of successful users of natural methods of family planning that can recruit and work with couples that have expressed an interest in these methods.

- **More forcefully encourage the participation of men. Thls is important for family planning as well as the STD's/AIDS Intervention. Were the project to be extended, it would be advlsable to Increase these two Interventlons and to design strategies for reaching men and adolescents and involving them more in the project Condom distribution should be considered in an extended intewentlon. The community health committee could be particularly helpful in the implementation of these activities.**

Greater participation of men will be facilitated through "fathers clubs" sponsored by the community health committees. In addition, men will be encouraged to attend mothers club meetings and CORUs. A more structured approach, involving the redesign of program curricula, will occur if CSXIII is received. Condom distribution is not an option for project staff but is encouraged for MOH personnel.

- **A plan be implemented immediately to increase and strengthen activities in Limonade.**

Discussions have already begun with the MOH to address the personnel shortage issue in Limonade. HOPE has agreed to hire two auxilliares, selected by the MOH, to supervise the activities of the health promoters and work directly with mothers clubs in the Limonade area, These individuals will be hired by the MOH at the end of the project, If additional health promoters are trained, emphasis will be placed on selecting individuals from communities surrounding Limonade.

- **A realistk strategy be developed to overcome the specific barriers to efficiently reach the more remote groups in the target communities.**

The project will purchase a second vehicle to facilitate transport to more remote communities. In addition, funds will be made available to hire horses for auxilliares and health promoters to travel to isolated groups. In the future, more emphasis will be placed on selected individuals from more isolated communities to be trained as health promoters.

- **Simplify the data collection form for TBAs to collect Information that is most relevant Such a form should be thoroughly tested with TBAs. Forms used by TBAs in other countries to collect the same type of data could be used as a starting draft.**

The form used by the project is an official MOH document. While the project recognizes the need to improve it, we feel strongly that we need to work in concert with the regional office of the MOH in this effort. Discussions will be initiated by project staff but we do not anticipate that the process will be competed by the end of the project period.

- **Progress reports, lncludlng the quantitative data, should be written In French first so that all senior staff can conttibute their expetience and insights. Furthermore, it will be advantageous to share a summary of progress reports with the Ministry of Health regbnal office. A one page project performance hlghllght** report should **be shared also with appropriate project staff and the health committees.**

This recommendation has already been implemented.

- **HOPE provide for the training of fiekl staff on how to apply quality control mechanisms to data collection and data entry, how to analyze and report the data and how to use the data to monitor performance.**

HOPEis in the process of identifying an appropriate individual to provide this training which will take place early in 1997.

- **Health promoters be trained in the use of participatory techniques and community mobilization skills.**

HOPE is in the process of identifying an appropriate individual to provide this training in early 1997.

- **The project use visual aids and demonstrations to make the education sessions, particularly mothers clubs, more participatory.**

Scheduled trainings in adult education strategies will address the use of these kinds of materials. Organizations which have worked in Haiti for extended periods of time will be approached regarding the availability of locally developed visual aids.

- **Conduct a rapid assessment of reasons for drop-out rates in some mothers clubs and implement a mechanism to address this problem.**

This rapid assessment will take place in Winter 1996. Findings will be shared with MOH personnel and broken down into structural, logistical, personnel, economic, and educational issues. A plan to overcome barriers to participation will be developed and implemented in partnership with the MOH.

- **Consider establishing a plan to involve mothers who have graduated from mothers clubs in recruiting new mothers. A raffle of a food basket could be considered as a motivatlon for recruitment.**

A committee of mothers and members from community health committees will be formed to identify strategies to recruit new mothers into clubs including incentive ideas. Members of this committee will be asked to then "train" existing mothers clubs and committee in these **strategies.** They will receive a special achievement certificate and incentive gift in recognition of their extraordinary efforts.

- **The project staff devise a mechanism to evaluate learning well after the training has been completed. Thb may include structured performance observations as well as a written post-test about 6 months after the training. Short refresher semlnan are also advisable for year 3 of the project**

Refresher seminars have already begun with individuals trained in previous years of the project. The content of this training is based on pre-test findings. The staff is developing a schedule to administer written post-tests where appropriate. HOPE Center will provide technical assistance in the development of performance evaluation tools based on observations or interviews.

- **The project establish a mechanism for field staff evaluations according** to the **criteria and approach used by Project HOPE for its employees.**

Staff evaluations processes have been instituted.

- **Obtain audio-visual materials in French that can be adapted to the Haitian population.**

Numerous materials have been identified by the project, but staff have struggled with the challenge of adapting these items both linguistically and culturally. Future trainings in adult education techniques will include the skills necessary to adapt materials to the local setting. In the meantime, the project needs to more proactively approach other organizations, which have worked in Haiti for extended periods of time, to access materials that they have developed for non-literate groups in Haiti. Staff have already been instructed to do so.

- **Discuss with CRUDEM the possibility of assigning additional space to the project**

Discussions have begun with CRUDEM. If space is identified, funds will be allocated to renovate it for office use.

- **Consider the purchase of another computer. It may be more useful for the project to have a laptop computer that takes less physkal space, can be used in any office, and can be sued for ♋ limited amount of time without electricity.**

Funding has been identified for an additional computer. Supervisory and maintenance issues led the project to select a desktop vs. laptop computer.

- **Consider a realistic way to address the issue of access to rural areas, whether it is to purchase another car or some motorcycles that can be used by nurse supervisors and promoters.**

The project will purchase **a** second vehicle to facilitate transport to more remote communities. In addition, funds will be made available to hire horses for auxilliares and health promoters to travel to isolated groups. Experience in other project sites have indicated that motorcycles can be very problematic and therefore will not be purchased for the Haiti project.

- **The two nurse supervisors and the auxilliares receive an update on supervisory and problem solving skills. This would include how to use probing as a supervisory technique.**

HOPE is in the process of identifying an individual to provide this training in early 1997. This same person will provide training in data management and use.

- **Develop a supervisory check-list to facilitate accurate understanding of situations, foster effective supervision, and provide some consistency in this activity.**

This document will be a product of the above training.